The Role of Health Care Financial Burden Before and During Birth in Postpartum Care Utilization, Oregon 2012-2017

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Yes

Topics: Maternal health, postpartum health, health insurance, health insurance costs, social determinants of health.

Background: It is increasingly common for birthing people with commercial insurance to pay high out-of-pocket costs for maternity and birthing care. Yet, research is limited on how the financial burden accrued before and during birth affects subsequent morbidity in the postpartum period. Our study aimed to describe health care financial burden among commercially funded births and examine the associations between financial burden and postpartum care receipt. Methods: We conducted a retrospective cohort study of commercially funded births in Oregon from 2012 to 2017 using an All Payer All Claims database. We utilized multivariable robust Poisson regression to estimate the association between health care financial burden (i.e., direct costs for health care paid by birthing people) before and during birth and postpartum visit attendance within 12 weeks and hospital encounters within one year postpartum. Results: Among our population of commercial insured birthing people (N=63,153), 7.5% (N=4,753) had over $5,000 in health care financial burden during the year of birth. Compared to births with $0 in financial burden, births with over $5,000 were 18% less likely to attend their comprehensive postpartum visit within 12 weeks (RR: 0.82, 95% CI: 0.80, 0.84). Conclusion: The financial burden of health care may influence care seeking, including for postpartum people. As policymakers seek solutions to reduce inequities in postpartum health outcomes, the financial burden related to birth should be considered.

Describe health care financial burden among birthing people in Oregon with commercial insurance and assess if health care financial burden impacts postpartum care utilization.